

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-012517
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

3372

FILED APR 12 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN ST. LOUIS, MISSOURI

Length of stay in 1b

3 wks.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Ill.

b. COUNTY St. Clair

c. CITY

OR TOWN

Cahokia

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION BARNES HOSPITAL

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

813 Wesley Ave.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

REBECCA

Middle

JEAN

Last

BUSH

4. DATE OF DEATH

Month

Day

Year

MARCH

28

1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12-31-10 51

9. AGE (last birthday)

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

At home

11. BIRTHPLACE (City and state or country)

Reevesville, Ill.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Wm. Mitchell Johnston

13b. MOTHER'S MAIDEN NAME

Etta Cochran

14. NAME OF HUSBAND OR WIFE

Harvey D. Bush

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Harvey D. Bush, Cahokia, Ill.

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

GLOMUS TUMOR OF POSTERIOR FOSSA

INTERVAL BETWEEN ONSET AND DEATH

15 YEARS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

228X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

OCT. 25, 1954

to MARCH 28, 1962

and last saw her him alive on MARCH 28, 1962

Death occurred at

7:40 A.M.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M. D.

22b. ADDRESS

BARNES HOSPITAL

22c. DATE SIGNED

3/28/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

3-31-62

23c. NAME OF CEMETERY OR CREMATORY

Mt. Hope

23d. LOCATION (City, town, or county)

Belleville, Ill.

(State)

24. FUNERAL DIRECTOR

ADDRESS

John Kassly, East St. Louis, Ill.

25. DATE RECD. BY LOCAL REG.

MAR 30 1962

26. REGISTRAR'S SIGNATURE

Loan Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300

Rev. 4/59

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28/20, 7

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1252-0

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me;
or by Not Embalmed, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John Hassly III

Licensed Embalmer No. 5039

P. O. Address E. St Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.